IANI D - PERIOJ INANOMII IAL							
Complete and send this form, together with applicable fe				<u>lail</u>	Mail Stop ISSUE Commissioner for P.O. Box 1450	or Patents	
\ <u>A</u>	עע 15 אינן (ענע		or <u>F</u>	ax	Alexandria, Virg (571) 273-2885	jinia 22313-1450	1
INSTRUCTIONS: This or appropriate. All further co- indicated unless corrected b maintenance fee notification	m should be the for tran condence the uding the character otherwise s.	smitting the ISSU Patent, advance or in Block 1, by (a				ired). Blocks 1 through 5 si vill be mailed to the current and/or (b) indicating a sepa	hould be completed where correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE	SEP 1 & 2005		6	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
Cathy D. Santa Cruz 7630 Tholl Drive Reno, NV 89506			<u>u</u>)	Cer I hereby certify that the States Postal Service vaddressed to the Mai transmitted to the USF	rtificate of Mailing or Trans nis Fee(s) Transmittal is being with sufficient postage for fir l Stop ISSUE FEE address TO (571) 273-2885, on the d	mission g deposited with the United st class mail in an envelope above, or being facsimile alte indicated below	
09/16/2005 JBALINA2 000	`	CHAIR		Cathu D.	Santa Cruz	(Depositor's name)	
01 FC:2501 700.00 0P 02 FC:8001 30.00 0P 03 FC:1504 300.00 0P					Cathy D 9/12/	Santa Cruz	(Signature) (Date)
APPLICATION NO.	FILING DATE		FIRST NAMED	INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/696,655	10/30/2003 Cathy D. Santa Cruz					<u></u>	7787
TITLE OF INVENTION: FI	SMALL ENTITY	ISSUE FE			BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$700		\$300	\$1000	10/28/2005
EXAMINER		ART UNIT		CI	ASS-SUBCLASS	1	1.0.20,200
LOCKETT, KIMBERLY R		2837			084-322000	J	
CFR 1.363). (1) the names of up to 3 registered patent attorneys 1							
Address form PTO/SB/12	(2) the name of a			single firm (having as a member a 2			
"Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required.	tion form of a Customer	on form of a Customer f a Customer 2 registered patent attories disted, no name will be			or agent) and the names of up to attorneys or agents. If no name is 1 be printed.		
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity 4a. The following fec(s) are enclosed: 4b. Payment of Fec(s):							
Issue Fee A check in the amount of the fee(s) is enclosed.							
Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).							
	MALL ENTITY status. See	37 CFR 1.27.				LL ENTITY status. See 37 C	
The Director of the USPTO i NOTE: The Issue Fee and Pu interest as shown by the recon	s requested to apply the Issublication Fee (if required) verds of the United States Pate	e Fee and Publicat vill not be accepted ent and Trademark	ion Fee (if any from anyone Office.	y) or to other th	re-apply any previousl an the applicant; a reg	y paid issue fee to the applica istered attorney or agent; or th	tion identified above. ne assignee or other party in
Authorized Signature Cattly DSanta Crus Date 9/12/05							
Typed or printed name	Cathy D. Sa	nta Cruz	·		Registration		
This collection of information an application. Confidentialit submitting the completed ap- this form and/or suggestions Box 1450, Alexandria, Virgin Alexandria, Virginia 22313-1	olication form to the USPT for reducing this burden, shain 22313-1450. DO NOT:	11. The information 122 and 37 CFR 1 O. Time will vary ould be sent to the SEND FEES OR C	n is required to .14. This colledepending upon Chief Inform OMPLETED	o obtain ection i on the i ation O FORM	or retain a benefit by to sestimated to take 12 andividual case. Any cofficer, U.S. Patent and S TO THIS ADDRESS	he public which is to file (and minutes to complete, includin mments on the amount of the Trademark Office, U.S. Dep. S. SEND TO: Commissioner	by the USPTO to process) ig gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.